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What Crisis Produces: Dangerous Bodies, Ebola Heroes and Resistance in Sierra Leone[1]

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Abstract:

This article explores the implications of framing an event as a 'crisis' through the case study of the Ebola epidemic in Sierra Leone, based on extensive ethnographic fieldwork during and after the outbreak. It traces how Ebola came to be declared an emergency, and the processes, which led to its definition as a 'threat to international peace and security'. Secondly, it highlights the consequences of this framing, as particular interpretations of the roots of the emergency drew a line between 'good' citizens willing to adapt and 'dangerous' ones needing to be contained. Finally, it turns to an ethnographic portrait of a traditional healer's attempts to navigate the crisis by appropriating the knowledge produced by the response apparatus. Considering how those at the receiving end of policy discourses strategically reposition themselves in relation to the narratives that frame them, can help us question the reductive dichotomy between adaptation to and resistance against interventions.

Keywords:

Ebola; Sierra Leone; emergency; knowledge production.

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1 Introduction

In March 2014, the first official cases of Ebola Virus Disease were recorded in Guinea. By August of that year, the World Health Organisation (WHO) had announced a Public Health Emergency of International Concern (PHEIC) as the epidemic reached hundreds of cases a week in Liberia, Guinea and Sierra Leone. By the end of the epidemic in March 2016, over 38,0000 people had been affected by the disease, 11,310 died and countless suffered as a result of the significant socio-economic setbacks associated with the epidemic (WHO, 2016). The conclusion of a tortuous two-year battle that seemingly caught the world off-guard gave rise to innumerable analyses and critiques (Dubois et al. 2015; Kamradt-Scott 2016; Panel of Independent Experts 2015; Moon et al. 2015; National Academy of Medicine 2016; Ross et al. 2017). These have in turn generated recommendations for the reform of national and global health systems to ensure that a tragedy of the magnitude of the West African Ebola outbreak will never happen again. These point to failures at all levels: from systemic underfunding of the global health apparatus, slow resource mobilisation and inadequate leadership on the part of the WHO to disastrously ill-prepared national health sectors and ineffective engagement of affected communities. The road from the first infection in Guinea's forest region in December 2013 to the publication of compelling explanations of what went wrong after thousands lost their lives was not an easy one. It is however a road worth retracting as it offers important insights into the circumstances and consequences of how we understand crises as they are unfolding. This paper explores how the actors involved in the response to Ebola produced knowledge about the epidemic, from how it came to be named an emergency to the diagnosis of its causes and the definition of solutions. As such, it moves away from normative analyses of the response and focuses instead on its internal logic and its consequences for those affected. The epidemic presents a unique opportunity to study the ways in which crisis narratives mould subjects, re-order social relations and create spaces for individuals to navigate moments of great uncertainty.

Our understanding of the problems that confront us determines how we decide to tackle them. Grint (2005, p.1468) argues that: 'how we respond to a particular situation is not determined by that situation', but by how we interpret the context in which it happens. Interventions are the outcomes of problematisation—a process that requires identifying a problem, determining its causes and delineating targeted solutions. Problematisation is never neutral and the political consequences of epistemic claims have long been the focus of social theory. The work of Michel Foucault has been uniquely influential in this context, providing the tools for analysing the implications of knowledge production. Foucault made it his objective to study 'the different modes by which, in our culture, human beings are made subjects' (cited in Rabinow 1991, p.7). These modes included for example the 'dividing practices' embodied in 'modes of manipulation that combine the mediation of science and the practice of exclusion', such as internment of people in mental asylums, or the production of subjects through the 'scientific classifications' generated, for example, by national statistics (Rabinow, 1991, p. 8). The making of subjects was not solely a passive process of creation and disciplining through scientific knowledge. Individuals could also turn themselves into subjects through what he called 'technologies of the self'. Having studied the 'technology of domination and power', this focus on active self-formations allowed Foucault to turn to the ways in which individuals internalise dominant discourses and discipline themselves accordingly. These intersections between knowledge and power, then, give rise to 'docile [bodies] that may be subjected, used, transformed and improved' (Foucault, 1988).

Anthropologists of international development have taken Foucault's work seriously, applying it to an analysis of how knowledge about the developing world, the definition of problems and the delineation of expertise within development programming have configured relations and moulded subjects (Arce & Long, 2000; Escobar, 2011; Ferguson, 1994; Li, 2007). These analyses have sought to look behind the normative propositions of development projects to reveal their underlying assumptions and their, often unintended, consequences. Li's (2007) compelling work on conservation projects in Indonesia, for example, reflects on how interventions intended to 'optimize the lives of others' require firstly defining problems, or 'deficiencies to be rectified'. Rendering these deficiencies intelligible, through data and theories of change as well as selective omissions, makes it possible to posit technical interventions. Projects of improvement are the result of such problematisations. As Ferguson (1994) puts forward in his *Anti-Politics Machine*, in making development problems technical and solvable through the

mobilisation of expert knowledge, the development industry depoliticises its interventions. This depoliticisation serves to conceal that interventions reconfigure power relations in practice, not least by creating a separation between 'experts' who diagnose problems and 'beneficiaries' whose lives need improvement. Shifting from interpretations of development as the product of hidden agendas and the machinations of powerful interests, anthropologists like Li and Ferguson suggest that we take the progressive aims of the development industry at their word. They ask us to redirect our analytic gaze to what these framings produce, what identities, relations and interactions they make possible and which they instead foreclose.

Moments of crisis amplify these processes of problematisation and their implications. The notion of crisis is ubiquitous in public discourse in the 21st century: from the threat of terrorism to the menace of financial collapse and environmental devastation. The triumphant tones of Fukuyama's (1992) *End of History* as the Soviet Union collapsed, have given way to far gloomier perceptions of reality as persistently unstable. In her book, *Anti-Crisis*, Roitman (2013) invites us to take a step back and think about the epistemological claims that we make as we state that 'this is crisis'. These claims, she argues, engender certain types of action whilst making others impossible. The kind of knowledge that is produced about crisis, much like the problematisations identified by Foucault and anthropologists of international development, directs action and produces subjects. Agamben's (2005) notion of a 'state of exception', developed through his analysis of post- 9/11 America, for example shows how 'law encompasses living beings by means of its own suspension' as different forms of life come into existence through appeals to extraordinary circumstances. The imagery of crisis thus creates both subjects of intervention and agents of instability.

Duffield's (2007) analysis of the securitisation of development elaborates this insight by showing how donors justify poverty eradication in the Global South through appeals to security and the threat of violence. Securitisation was coined by scholars of the Copenhagen school to describe the process whereby a referent object is made into a security threat, often in order to compete for visibility in policy-making arenas (Buzan et al 1998). Duffield (2007) shows how this process applies to the 'circular complementarity' that policy-makers posit between security and development. The 'truth of our time', he argues, is that development and security are inextricably interlinked, as underdevelopment is understood to pose a risk within countries in the Global South and externally in the Global North, through migration flows, terrorism and the spread of disease. Development is then essential to achieve security. This nexus relies on the identification of 'surplus populations', that is, 'conditions of existence that, but for the changes, adaptations and opportunities that progress demands or presents, would otherwise remain effectively useless, irrelevant or dangerous.' Intervention is rendered necessary to contain these populations, to improve or correct, and align 'surplus populations' to normative modes of existence. Surplus life, and the states of exception it engenders through its destabilising potential, means that interventions rest on the ability to determine what or who is a threat.

This paper investigates these dynamics in the context of the Ebola crisis, focusing on how the framing of the disease as a security problem influenced the way it was contained. Methodologically, the paper draws on ethnographic material collected during and after the crisis in Sierra Leone, in the capital, Freetown and in Kambia, a town on the Northern border with Guinea between 2015 and 2017. The ethnographic material ranges from observation of Ebola response meetings to interviews and informal discussions with response workers, military officers, community activists, traditional healers and ordinary citizens affected by the outbreak. These are complemented with reviews of policy briefs, press statements, newspaper articles, operational documents and programme evaluations. The paper outlines how ways of understanding the crisis, manifest through language and practices, had a profound impact on the design of interventions and for the experiences of affected populations. In particular, it shows how a security approach collided with community engagement efforts that focused on local practices and beliefs to create normative accounts of individual responsibility and citizenship practices in times of crisis.

Whilst Foucauldian approaches help us understand the productive power of knowledge in a crisis like that wrought by Ebola, it is dangerous to reify discourse as 'totalising and seamless' (Li, 2007, p. 25). To avoid this, we must make space for the possibility of contestations, inconsistencies and resistance that

rely on taking the agency of actors at all levels of the response assemblage seriously. This is done for example by showing that the knowledge produced about crisis during crisis is contested and uncertain, the outcome of fierce negotiations amongst a multitude of people facing the most challenging of circumstances. It is the product of purposive attempts to find interpretations that would catalyse action, often with recognition of the indeterminacy of outcomes. Rather than imagining that 'the relentless micro-physics of power occur beyond the intelligence of the actors; although not that of the decoding anthropologist', we can focus instead on the complex efforts of a plethora of actors in maintaining a sustainable 'interpretive community' necessary to motivate collective action (Mosse 2004, p.644). This is not incompatible with an assessment of how the interpretations of crisis and the nature of intervention re-order political relations and create subjectivities in sometimes unforeseeable ways. Indeed as we shall see, during the Ebola crisis, it was precisely through the frictions between interpretations and the cracks in the overarching narratives that specific crisis subjects emerged. Secondly, and even more importantly, seeing how subjects are produced by interpretations of crisis does not mean positing them as passive recipients of powerful discourses. Ethnographic accounts can help us understand how 'managed populations work with strategies of control' (Das & Poole, 2009, p. 27) and to identify amidst the haze of discourse, the tangible ways in which subjects resist, appropriate and manipulate the stories that frame them.

The Ebola epidemic therefore offers a fascinating case study from which to consider the politics of knowledge in humanitarian settings. In particular, because the notion of 'resistance' was so prominent in interpretations of barriers to ending the disease, the outbreak lends itself to a reconceptualization of the agency of those at the receiving end of policy discourses. Considering how moments of crisis create not only subjectivities but also opportunities for individuals to reposition themselves strategically allows us to move beyond an unhelpful dichotomy, embraced by theorists and practitioners alike, between subjects of intervention as either adapting or resisting. The paper begins by tracing how Ebola came to be defined as crisis and how the crisis was then securitised at both international and national levels. It then reflects on how these interpretations were enacted by the Ebola response assemblage through the combination of containment measures and community engagement strategies and how the tensions and synergies between these two approaches produced a dichotomy between those willing to comply and those who needed to be contained. The paper then concludes with the story of Pa Yamba, a traditional healer from Kambia, to show how he used the language of crisis to reposition himself from a potentially dangerous subject to becoming a knowledge broker in a time of epistemic and material uncertainty.

2 State of Emergency: Naming the Crisis

Chronologies of the West African Ebola outbreak begin with Patient Zero, Emile Ouamouno, a young boy thought to have become infected after playing with a dead bat in the Guinean village of Meliandou (Leach, 2015). But that is not when the epidemic came to be known as a crisis. In order to trace the origins of attempts to contain the disease in Sierra Leone, we must first pay attention to the processes involved in naming the crisis.

The trajectory towards the definition of Ebola as an emergency was fraught, and has been at the centre of critiques of the global response to the epidemic. Médecins Sans Frontières (MSF) were the first to sound the alarm as they saw cases spreading in Guinea and beginning to cross borders in the region in March 2014 (MSF, 2015). Their claims that the outbreak was 'unprecedented' were written off as alarmist and the WHO only announced a PHEIC on the 8th August 2014, after 1700 had officially been recorded across the three affected countries. The WHO has been criticised for its delay, most vocally by its own Interim Assessment Panel (2015). Critiques highlight several factors, including organisational problems, recent budget cuts, previous criticisms for over-reaction around the H1N1 influenza pandemic, and political sensitivities in the affected countries in explaining why it was so difficult to arrive at the PHEIC announcement. Condemnations of the WHO's delay point to the significance of having Ebola formally recognised as an emergency, as without the declaration it was difficult to achieve the shared sense of urgency necessary to mobilise resources. Once the PHEIC was declared in August, a number of mechanisms came into play to escalate the situation, yet uncertainty remained over exactly what kind of emergency it was that was now to be considered 'of international concern'. Such uncertainty was visible in disagreements over whether the outbreak ought to be seen as a humanitarian or a health crisis.

Ultimately, for various reasons, including a willingness to preserve WHO leadership in the region, the UN system decided to maintain a health focus rather than triggering a humanitarian apparatus, with the consequence that 'the surge capacity, emergency funding and coordination structures typical of a large scale disaster response were not triggered' (Dubois et al., 2015, p. v).

Whilst maintaining a health focus organisationally, the crisis reached the Security Council in September 2014, with a statement declaring Ebola a 'threat to international peace and security' (UN, 2014):

> 'Recognizing that peacebuilding and development gains of the most affected countries concerned could be reversed in light of the Ebola outbreak and underlining that the outbreak is undermining the stability of the most affected countries concerned and, unless contained, may lead to further instances of civil unrest, social tensions and a deterioration of the political and security climate'.

By September 2014, therefore, the epidemic had been securitised. The increasing securitisation of the global health agenda has been widely documented (Abraham 2011; Chigudu 2016; Davies 2008; Heymann 2003; Benton & Dionne 2015). As definitions of security widen to include an increasing number of phenomena, it becomes possible to make causal links, such as those shown in the 2014 UN resolution, which, in a single sentence reinterprets the consequences of disease in terms of political instability. These are not coincidental discursive turns, but effective mechanisms for increasing urgency in policy fields where national security commands highest priority and, consequently, the highest budgets. Bernard (2013) makes this explicit as he calls for defining global health challenges as security issues, based on his experience as Special Advisor to the White House Security Council and as former Senior Political Advisor to the WHO Director General. Tracing the origins of attempts to get HIV/AIDS recognised as a security concern under the Clinton administration, he exhorts the health community, if they want their concerns to be taken seriously to 'temper its tribal conviction and convince powerful defence and foreign affairs communities to embrace relevant health issues in the first tier of policy and budget concerns' (Bernard, 2013, p. 162).

Similarly, in the aftermath of Ebola, the Commission of a Global Health Risk Framework, called for an institutionalised recognition of global health as a 'neglected dimension of global security'. The Commission recommends for an increase in global health spending of $4.5 billion a year and asserts that: 'framed as a risk to human security, this is a compelling investment.' Making health concerns into threats to national and global security, the Commissioners acknowledge, increases the stakes of complacency and facilitates international resource mobilisation. Appealing to the imagery of security can help make a problem in the 'remote jungles' of West Africa a matter of international concern. Such argumentations show how the UN's declaration of Ebola a 'threat to international peace and security' resulted from a longer trajectory of securitisation of health priorities.

These narratives of crisis had implications for the kind of response that was mounted. The UN set up its first ever peacekeeping-style health mission (UNMEER). Alongside a large complex of actors from all corners of the development, global health and humanitarian fields, the securitisation of the epidemic also ushered in a military response (Benton, 2017). In a speech justifying the establishment of a US military command centre in Liberia ad the elevation of the epidemic to a national security priority, then-President Barack Obama (2014) expressed the security dimensions of Ebola explicitly:

> If the outbreak is not stopped now, we could be looking at hundreds of thousands of people infected with profound political, economic and security implications for all of us. So this is an epidemic that is not just a threat to regional security, it's a potential threat to global security. If these countries break down, if their economies break down, if people panic, that has profound effects on all of us, even if we are not directly contracting the disease.

Military deployments can be 'seductive ideas' not least because the 'politics of public finance' can make them the only tool with the wherewithal to deal with the exigencies of critical situations (De Waal 2014, p.1). Concerns with the implications of militarization tend to be countered by delinking military apparatuses from military logics and the Ebola outbreak was no exception (Benton 2017). As a senior

British officer deployed in Sierra Leone argued, the military were presented as a necessary antidote to challenging circumstances:

'[By the summer of 2014] the international community had to be seen to be doing something quickly, and [one] of the best ways to do that is to deploy the military. Deploy the military and we will work out exactly what they are going to do almost afterwards. We could deploy helicopters down there really quickly, we could deploy manpower really quickly, much quicker than DFID can do, much quicker than the Foreign Office can do, much quicker than many of the NGOs'. [Interview 21.12.2016]

The logic of militarization was thus deeply intertwined with the particular narrative of emergency that was taking shape. This way of thinking about the crisis and the need to find quick and robust solutions was paralleled and facilitated by a similar response by the government of Sierra Leone.

The security and crisis complex is not new to Sierra Leone, as since its eleven year civil war, it has become emblematic of the increasing depiction of underdevelopment as a security concern, with structural fragilities used to explain cyclical crisis (Enria, 2012, 2015). As the disease broke out, appeals to security were transposed to dealing with a new crisis. The President declared a state of emergency on the 30th of July 2014, arguing that 'extraordinary circumstances require extraordinary measures' and calling for the establishment of quarantines and limits on freedom of movement amongst other measures intended to win the 'great fight' facing the country. Like the international response, the picture of crisis painted in the President's speech resulted from epistemic struggles amongst key players in the months between the first official case and the declaration of the state of emergency. According to the accounts of those involved in initial discussions, there were tensions between the Ministry of Health and Sanitation (MoHS) on the one hand, and the Office of National Security (ONS) and Ministry of Defence (MoD) on the other. The responsibility had initially lay with the MoHS through its Emergency Operations Centre (EOC) as the first cases were recorded in the Eastern part of the country, but by the fall of 2014, it had been shifted to a newly established National Ebola Response Centre (NERC). The NERC was led by then Minister of Defence, Retired Major Paolo Conteh, with the Sierra Leone Armed Forces (RSLAF) taking a role in the implementation of state of emergency measures. An ONS official involved in the initial discussions recounted the MoHS' unwillingness to bring in the National Security Council, insisting that the outbreak be treated as a health issue and questioning the value of security personnel expertise. He described the ultimate shift in responsibilities as follows:

'Only the military has the ways to do that, but doctors wanted to control everything, they wanted total [control] of it. Initially, [they did] but when Sierra Leoneans started dying in droves, the international community was not intervening, we realised that [the MoHS] were not going to be able to control this thing so we changed leadership in MoHS and brought in the security [sector]. NERC was to be a hybrid organisation and Paolo Conteh has a military background'. [Interview 12.01.2017]

Under Paolo Conteh's leadership, then the NERC was established to coordinate the response at national level through nine pillars (case management, communications, logistics, safe burials, surveillance, food security, social mobilisation and child protection). The response was then also devolved through District Ebola Response Centres (DERC) with deployed RSLAF officers coordinating the devolved pillars.

Once the fact of crisis had been established, and its urgency bolstered by claims to national and international security, the intervention of the military and the establishment of containment strategies through the proclamation of a state of emergency were justified in terms of expediency. With the groundwork done, it was now up to this new response architecture to manage interventions on the ground. This relied on particular understandings of the dynamics of crisis as it unfolded and in particular on how the logic of securitisation collided with prominent explanations of why the epidemic had become so intractable.

3 Securitisation and Sensitisation: Responding to the Crisis

As the disease spread across the regions, response workers pointed to chains of transmissions to highlight the factors that stood in the way of defeating Ebola. Episodes of resistance to disease control measures and those care practices such as caring for sick people and burial practices that involved the washing of the dead were especially prominent explanations. These explanations focused on how lack of understanding or unwillingness to comply with public health regulations was hindering efforts to end Ebola. Various critics have pointed to the fallacies of these interpretations (Abramowitz, Bardosh, et al., 2015; Abramowitz, McLean, et al., 2015; Chandler et al., 2015; Jones, 2011; Richards, 2016; A. Wilkinson & Leach, 2015; Annie Wilkinson, Parker, Martineau, & Leach, 2017). Indeed, 'behavioural and culturalist' interpretations that individualise, depoliticise and cast blame are not new to Ebola, and have been defined 'as ineffective as they are unjust' in widely different contexts (Fassin 2007, p.xix). The effectiveness, accuracy or fairness of these narratives is however not the main subject of this paper—the focus is rather on the internal logic of the behaviour change argument and how it came to play a role in the security approach to disease containment. Through points of conflict and convergence, sensitisation and containment approaches helped to create a particular, if fractured, understanding of the causes of crisis.

Of seven challenges outlined in an MoHS EVD Response Plan in July 2014, for were: 'inadequate understanding'; 'denial, mistrust and rejection' arising from 'misinterpretation of the cause of the new disease'; 'close community ties and movement' that made contact tracing difficult; and 'customary burial practices' leading to 'panic and anxiety' resulting from community deaths. The rest were logistical challenges associated with the capacity of healthcare workers (including their own fears of the disease) and geographical spread (MoHS, 2014). Alongside state of emergency measures aimed at the containment of at risk populations through quarantine, restrictions on movements and lockdowns, the Ebola response developed an organisational pillar to deal with communication and mobilisation in affected communities. The development of this 'sensitisation approach' can be crudely separated into two phases. In a fist phase, the response focused primarily on public health messaging. During this time, the principle underlying much of the communication strategies was the need to change 'risky 'behaviour' related to 'traditional' practices and 'misinformation'' (Chandler et al., 2015, p. 1275). From this point of view, people needed more biomedical knowledge so as to protect themselves from the disease. Billboards were put up insisting that 'Ebola is real' and encouraging people to report sickness to a national helpline, not to wash dead bodies, not to touch others and to stay home when placed in quarantine. In these framings, cultural beliefs and practices either prevented a full understanding of transmission chains or actively worked against the need to adapt to the needs of the crisis. As a civil society leader involved in the coordination of NGOs at the NERC argued: 'people needed to understand beyond their cultural perception' [Interview 20.01.2017].

In a second phase, the core model of behaviour change and sensitisation remained intact, but the mode of delivery changed, as initial negative messaging such as: 'Ebola kills' were found to be counterproductive. A redesign of the sensitisation model to focus on 'community ownership' was in line with intimations by anthropologists and community advocates about the need to understand the reasons for mistrust and explore the adaptive potential of cultural practices rather than seeing them as static hurdles. In their July 2015 *Getting to a Resilient Zero* strategy, for example, the NERC (2015) located drivers of transmission in 'fear, inadequate trust and collaboration from the communities' tendencies to seek healthcare through informal structures' and highlighted the need to 'understand community behaviour' and streamline ownership by enabling communities to take leadership of the response.

The problematisation was the same but the solution was more sophisticated: change in practices had to come from inside affected communities. The Social Mobilisation Action Consortium (SMAC) (2014) for example developed an innovative Community-Led Ebola Action Field Manual to train community mobilisers, with the stated aim of 'inspiring communities to understand the urgency and the steps they can take to protect themselves from Ebola'. These efforts, the manual states, 'unlike previous mobilisation efforts, which have mainly used health education and one-way communications…focus

on the community as a whole and on the collective benefits of a cooperative and community-led approach.' Part of this process was to ensure that communities committed to temporarily putting aside knowledge and 'traditional' practices that were deemed to be risky. The sensitisation approach therefore had a specific theory of change aimed at changing risky behaviours, initially framed as misconceptions, later seen to require a deeper, more inclusive engagement with communities to encourage them to address barriers to necessary behavioural changes. This narrative therefore relied on a more complex understanding of local practices whilst locating both the cause and the solution of the unfolding crisis within communities.

The sensitisation approach was not opposed to security perspectives. Indeed, the policies of containment necessitated by the security approach relied on the same interpretation of the problem. An ONS official described the response as requiring a 'carrot and stick' approach: restrictions and punitive measures had to be in place for when community engagement ('the carrot') was not enough. Security personnel's justifications for containment measures were similarly premised on an acceptance of the community engagement model, but suggested that given the urgency of emergency, contingency plans had to be in place for those who failed to collaborate. A RSLAF officer speaking of his involvement in the DERC In Kambia emphasised his understanding of reasons that may drive affected individuals to defy quarantines, such as the need to tend to one's farm. At the same time, he argued that unwillingness to comply with emergency laws was a persistent threat that needed to be addressed:

'In some chiefdoms that I don't want to name, it was the lawlessness that made the sickness spread […] Why do you think they involved this state of emergency? If they had just relaxed the thing would have been worse, so they saw that the best thing they could do was to bring in the security. It was not violence per se, but just for people to comply with the law and for them to be able to listen to the medical advice' [Interview 18.11.2015]

This sentiment was shared beyond military circles, including a civil society leader involved in the response in Kambia who reflected:

'When the president announced the involvement of the military I thought: 'These people with guns, how could they fight Ebola? Something that they cannot see?' But when after sometime they came and I saw the rationale, because when we were also going into the communities some people when you would give them simple instructions to follow so as not to cause problems in the community they would not want to follow it. If we had not had the law enforcers like the military it would have been difficult!' [Interview 29.06.2016]

This is not to say that there were not fundamental tensions between sets of actors engaged in quite different sides of the response. Indeed, it was precisely through these tensions that crisis subjectivities emerged, as we shall see.

The balancing of community engagement efforts with containment policies rested on challenging ethical questions surrounding how to weigh the rights of individuals against those of the collective. This dilemma for example played out in an altercation in a Kambia DERC meeting in June 2015 after bylaws had been announced allowing the imposition of fines and jail sentences for those found in contravention of state of emergency legislation. As a group of people was to appear in court as they had been caught carrying out an unsafe burial in secret, community engagement actors made a case for the need to safeguard citizens' rights. Others however retorted that: 'People have been lying to us, there is a background of deceit, we can't be too forgiving.' This response worker's words, thirteen months after the first cases, showed the growing impatience that characterised the final efforts to end the epidemic. These frustrations came to a head in the establishment of Operation Northern Push in Kambia, one of the two remaining hotspots of disease, together with Port Loko district, between June and July. The decision had come from increasing frustration at the higher level of government and a willingness to 'take political risks by being more muscular' [Interview 21.12.2016]. The Operation was intended to intensify efforts to 'identify, contain and eradicate EVD from the infected areas (NERC, 2015b). This would require 'intensive community engagement' (DERC 2015) as

well as a 'significant security element' to support the implementation of new regulations including a 6am to 6pm curfew, strengthened checkpoints and 'strong efforts to find, isolate and track people who abscond and an increase in community surveillance, enhanced by a stricter enforcement of the Safe and Dignified Burial bylaws' (NERC, 2015b).

4 Dangerous Bodies and Ebola Heroes: Crisis Subjectivities

The productive tensions and conjunctures between the security and community engagement approaches had important implications. The problematisation of crisis as it unfolded in Sierra Leone brought together engagement and containment into a single solution necessitated by the urgency of the emergency. Change had to happen within communities driven by individuals willing to commit to changing their practices and of convincing their communities of doing the same. When these grassroots efforts failed, individuals refusing to comply would have to be contained through other measures. The political dimensions of crisis were muted as responsibility was individualised and containment measures depicted as a necessity borne by urgency. Yet, this problematisation was deeply political in practice, not least in the way it produced a dichotomy of subjects: the Ebola heroes, the active citizens that accepted biomedical expertise and took charge of the sensitisation, and those who were holding up progress and putting their society at risk. These subjectivities emanated from both the 'material and immaterial' dimensions of disease control strategies, through the language, spatial practices and visual artefacts of the response (Hoffman, 2016, p. 247).

In their *Standard Operating Procedure for Social Mobilisation and Community Engagement*, the NERC (2015c) tells prospective mobilisers that:

'To stop Ebola transmission, communities and individuals themselves must make changes to some of their social and cultural practices. Social mobilisation and community engagement aims to help communities and individuals to understand and take ownership of their situation'

In the CLEA Field Manual such ownership of behaviour change was to be led by 'community champions', who were 'critical to success, because they have the commitment and energy to follow up with their neighbours and to encourage changes in community norms and implementation of the agreed action plan'. Community champions were to carry their communities to what the Manual calls an 'ignition moment', that is, the 'collective realisation that due to community practices (of good, caring people) community members are currently at serious risk of catching Ebola'. The notion that communities, led by active and concerned individuals are central to the response was furthermore underlined by the ubiquitous billboards asserting that 'You can help to Stop Ebola' and posters shipped across the country picturing doctors, contact tracers, survivors and police officers as 'Ebola Heroes'. These narratives of community ownership and individual responsibility for the common good were undoubtedly reductive. 'Ebola heroes' such as nurses and volunteers were rarely paid and suffered significant stigma and mental health repercussions (Kingori & Mcgowan, 2016). Similarly, community engagement language romanticise communities, evading the realities of power and hierarchies and the impact these would have on the implementation of engagement practices (Enria et al., 2016; Annie Wilkinson et al., 2017). However, as has been recognised by scholars of development discourse, it is often precisely through such simplifications that it is possible to create powerful mobilising narratives (Mosse, 2004). As such, politics and the challenges of mistrust and community tensions had to be put aside in order to elicit action.

The figure of the Ebola hero was premised on its opposite: the dangerous bodies of the sick, the dead and, most importantly, those at risk of contracting and transmitting the disease. These came into being through 'dividing practices' such as body bags, Personal Protective Equipment (PPE), quarantines and triage points. They also emerged through the language used to describe the response such as the war imagery and combat metaphors that were rife in response operation meetings. Ebola, was to be treated like a war, and the 'invisible enemy' had to be defeated by finding and containing people who were a risk to themselves and others. In September 2015, for example, a reward was announced for finding a missing contact, with response officials emphasising that her dangerous behaviour might be due to a lack of understanding and therefore, whilst not intending to

treat her like a criminal, she needed to be found:

The National Ebola Response Centre (NERC) has announced a five million Leones reward for the arrest or information leading to the whereabouts of 32-year old Kadiatu Sinneh Kamara believed to be an Ebola high-risk contact. Kadiatu who is 'not a criminal' according to the CEO, Palo Conteh has been out of the radar of Contact Tracers for the past 20 day '[...] It is also possible that she does not understand how vital she is to the response', the CEO maintains.' (Awoko, 25 September 2015)

Visual representations of epidemiological chains of transmissions were equally powerful in terms of the stories they told about risky behaviour and dangerous individuals. In August 2015, as Kambia was just a day away from being declared Ebola free, the Kambia DERC called a meeting to announce a new case. The military officer in charged opened the meeting announcing that the district had been 'invaded' and 'attacked' once more. The end of the epidemic, as cases became few and far between, showed very clearly the ways in which the roots of the crisis were individualised as specific cases were discussed at length. The particular case that had 'invaded' Kambia as the district was hoping to conclude its observation period, related to the death of an old woman who was rumoured to have had a secret affair with an Ebola survivor. In the midst of uncertainty surrounding the possibility for sexual transmission by survivors, epidemiological chains depicted connections between cases and told individual stories of traditional medicine, unsafe burials and unprotected sex.

Problematisations of the crisis and the practical solutions they made possible thus relied on the production of subjectivities to be acted upon and the separation of active citizens from recalcitrant ones. Yet these narratives were not uncontested. Not only did they spark debates and confrontations within the response, but they also created spaces for the subjects of discursive constructions to respond.

5 Pa Yamba: (Re)Positioning

Pa Yamba was a powerful herbalist from Tonko Limba chiefdom, an area renowned for producing formidable healers. His age and wisdom made him the keeper of the trade's history in Kambia, where he now lived, with prospective apprentices always welcome in his crowded house. As Ebola broke out, traditional healing was banned, as the 'rubbing' of medicine on patients' bodies was a major conduit of disease. Many healers felt aggrieved as they were put out of work. Some continued in secret, risking fines or even their lives as they were exposed to the virus. At the end of the outbreak, as we sat on his veranda, Pa Yamba reflected on his own decision to become actively involved in the response. In the early months of the state of the emergency he volunteered for a job nobody else wanted to do: he joined the burial team. The new regulations prohibiting the washing and dressing of dead bodies and the use of body bags by PPE-clad burial teams caused significant tensions between the Ebola response teams and the communities in which they intervened. The bodies of Ebola victims also carried the highest viral load, making the burial team's risky task unpalatable for the majority. Pa Yamba however argued that this way he could continue feeding his family whilst he was unable to practice his trade. Indeed, in our conversations Pa Yamba emphasised his refusal to accept patients throughout the outbreak, theatrically demonstrating how he would turn people away and report them to the police in secret.

One incident he recounted stood out as especially symbolic of the ways in which people like Pa Yamba sought to navigate the crisis, to re-position themselves strategically, remoulding their identities through the dominant narratives of the response. The story began with Pa Yamba and his team being called out to a village in a different chiefdom. As they arrived in their response vehicle and approached the house, they met several women boiling pots of water, preparing to wash the bodies. Pa Yamba gestured to his team to keep calm and proceed slowly. Making no mention of the water being prepared, he asked one of the women to show him to the room where the deceased lay. He asked one of his colleagues to discreetly jot down the names of the caregivers as the woman enumerated them. As he left the room and stepped into a backyard he met a huddle of men who, believing he did not speak Soso, the language of the village, made arrangements to attack him and his team. Pa Yamba remained calm but signalled to his colleague that it was time to leave. As the

men produced their machetes, the burial team jumped in the car and departed at great speed. On their way out, military officers on their motorbikes stopped the car, asking the burial team why they were driving so fast. After they had recounted their story, the soldiers told them to turn around: they would escort them. As they arrived, Pa Yamba described how the soldiers forced the village men onto their knees by hitting them with the butts of their guns whilst the burial team quickly changed into their PPE and buried the body. Before leaving, Pa Yamba made the villagers hold out the *kasanke*, the Muslim burial cloth, while he set it on fire—half procedure, half punishment.

The point of this story is not to report malpractice amongst the Ebola response workers or to sensationalise the violence that was part of both disease containment and resistance to it. Rather, it is to highlight how someone like Pa Yamba aimed to reposition himself from the danger he embodied as a representative of traditional knowledge to active citizen, enforcer of the response. During the outbreak there was a spectrum of resistance to the knowledge produced about the crisis, through refusal to comply with regulations, social commentary of rumours and conspiracies, or the violent resistance signified by the villagers in Pa Yamba's story. Yet, agency does not lie solely in overt resistance or rejection of dominant ways of knowing. Pa Yamba's implication in the logic of securitisation and his attempts to renegotiate his identity offer a different insight into how crisis and subjects shape each other.

As traditional practices were declared a barrier to disease containment, Pa Yamba identified a threat to his livelihood as his role as traditional healer placed him decisively in the category of potentially dangerous citizens in need of being disciplined. Pa Yamba embraced the language of the response, and talked about how his own 'sensitisation' saved his life in contrast to his colleagues who were unwilling to listen. He presented himself as malleable and ready to change his behaviour, in contrast to the dangerous bodies in the Soso village. In his characterisation of the villagers as resistant to change and potentially violent, Pa Yamba justified their disciplining by the soldiers and the powerfully symbolic burning of the *kasanke* as a final lesson in the importance of collaboration. His refashioning as an Ebola hero was not simply a case of embodying dominant discourse through actions and thoughts. It was strategic: it entailed a reinterpretation of the role of traditional knowledge in the response that elevated him to the role of irreplaceable broker. He argued that he was a uniquely positioned member of the burial team not despite his role as 'society man', but because of it. He recalled for example an instance where Temne members of the burial team were sent to deal with the burial of a member of the Limba Gbangbani society. Burial practices, as Richards (et al. 2015) have stressed, are central to social order and reproduction in Sierra Leone, so that the new regulations involving plastic body bags and the banning of body washing created deep anxieties. Society members' funerals, furthermore, are 'secret events—not 'secret burials' in the sense implied by Ebola responders, but closed events restricted only to members of the sodality' (Richards 2016: 101). Pa Yamba argued that given their role as 'outsiders', the team that was sent to the location was bound to fail in gaining the trust of the society men tasked with the burial. As his prediction proved accurate, Pa Yamba was called in. He was able to negotiate with them as a society man himself, and convinced them to 'play the society' in the forest as the burial team buried the man according to procedure. He described how the other members of the team became afraid during the burial as they heard the society's performance in the distance, but he calmed them down and assured them that he had pacified the Gbangbani. Whilst accepting the premises of the emergency measures, he critiqued the response in ways that made him and people like him essential to success. This simultaneously required actively differentiating himself from 'dangerous' others by disciplining them. As a society man he could at once be enforcer of dividing practices and a broker reframing the response according to his superior knowledge of his community. This form of strategic brokerage thus shows both the power of discursive framings and the multiplicity of ways in which individuals decide to engage with them from their unique standpoint.

6 Conclusion

The story of the West African Ebola outbreak will shape how future epidemics will be contained, how national health systems rebuild and how the governments of the three most affected countries engage with their populations as they begin, yet again, their paths to recovery. Following the

processes through which this story developed, in different spaces and as a product of interactions between very different kinds of actors, showed how the problematisation of Ebola shaped the way the epidemic was contained with significant implications for affected communities. A conjuncture of narratives about crisis and its roots, driven by different framings, ranging from epidemiological understandings of contagion to the logic of international humanitarian intervention and the specific needs of the Sierra Leonean state, configured a particular set of relations and subjectivities during a state of exception. The coming together of securitisation and state of emergency laws on the one hand and a growing concern for community engagement and behavioural change on the other, created a powerful dichotomy between compliant citizens, the Ebola heroes, and dangerous citizens in need of discipline and containment. As Pa Yamba's story shows, in the midst of these new configurations of power, people on the margins engaged with, resisted and manipulated these practices of control. The logic of crisis set in motion strategic repositionings as individuals found ways to survive in a new and fast-changing landscape. At a time of great uncertainty, in other words, different types of logics collided to create a depoliticised plan for action with deeply political consequences. Appeals to security and emergency declarations facilitated the framing of militarised containment practices as expedient complements to community engagement efforts. This resulted in powerful dividing narratives about individual responsibility and the public good, which raise important questions about how citizens are positioned vis-à-vis the state in times of crisis. These discourses and the practices they engender also had profound consequences for how citizens relate to each other, as evidenced by Pa Yamba's memories from his meting out of punishment in the village as a way to navigate his own way through the emergency.

The case of Ebola thus offers a unique vantage point from which to look at the politics of knowledge in crisis. Analyses of crisis have emphasised the forms of control it makes possible, or the states of emergency it engenders. Studying how crisis produces subjects is crucial if we want to fully understand the consequences of emergency responses and the ways in which they can redefine social and political relations beyond the formal end of emergencies. At the same time, this paper has also shown the importance of considering how those who are targets of intervention respond. Studying this ethnographically highlights that the dichotomy between adaptation and resistance embraced by scholars and practitioners alike cannot capture the full spectrum of possibility that moments of crisis open up. As the official emergency in Sierra Leone has ended, and life has gone 'back to normal', the question then remains as to what the relations and subjectivities that particular crisis narratives make possible mean going forward. Vigh (2008, p.7) has argued, that for a large part of the world's population, crisis is 'endemic rather than episodic'. That is undoubtedly the case for most Sierra Leoneans like Pa Yamba, who, after the end of Ebola will continue to contend with daily struggles to make ends meet, with the structural and physical violence of poverty and the unchanged realities of dilapidated health systems. What remains to be seen is how experiences of crisis, and the new relations and identities that they entailed, will come to define visions of the future.

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